CT CORPORATION 1

CORPORATION(S) NAME

## 200000011870

1) Adelphia Cablevision of W	<del>'est Palm Beach</del> , LLC		
2) Adelphia Cablevision of W	est Palm Beach II, LLC		
3) NCAA Holdings, Inc.	· · ·	VALUE OST	
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		mo & Go	
		8: 1-2 ORIU	
No. 244 41 11			
		<del>***</del>	
		· · · · · · · · · · · · · · · · · · ·	
() Profit	() Amendment	() Merger	
() Nonprofit			
() Foreign	() Dissolution/Withdrawal	() Mark Post N	
	() Reinstatement	<u> </u>	
() Limited Partnership	() Annual Report	() Other SAT 25 (X) Change of RA	
()LLC	() Name Registration	(X) Change of RA	
	() Fictitious Name	()UCC 工事宣星 IT	
() Certified Copy	() Photocopies	() CUS EEEE F O	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	2/25/02	Order#: 5129755	
Availability	2/23/02	- noonsn02421	<b>!</b> -
Document		-NS/26/02U1002U11_	:
		*****25.00 ******25.00	-
Examiner		Ref#:	
Updater Verifier		2.0	
W.P. Verifier		h not	
w.r. vermer		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ugom, or oou	y in the State of X to take.				
1. The name	of the limited liability company is: Ad	lelphia Cablevision of West Paln	n Beach II, LL	С	<b>_</b> • .
2 The mailir	ng address of the limited liability compa	any is: 1 North Main Street, (	Coudersport, P	A 16915	ě
2. 11.0	-8				
					<del></del> *
9-27-2000		L00000011870	·-		
3. Date of fil	ing/registration in Florida	4. Document nun	nber		
	of the registered agent and the registere partment of State:	d office address as shown of	on the record	is of the	
	Corporation Service Company	<i>I</i>			
	Na	ame			
	1201 Hays Street			\$10 O	
		dress	Ti ti		
	Tallahassee, FL 32301-0525	te and Zip		유 등	:
	••	-	;	ZS ASS	
6. The name a	and address of the new registered agent	and/or office:		S AM 8: 42 RY OF STATE SEE, FLORID	
	C T Corporation System		· _	F 8	
	Nan	ne		SE =	
	1200 South Pine Island Road		4		
	Florida street address (P.	O. Box NOT acceptable)			
		L 33324			
	City, State	and Zip			
confirmed that and the busin liability compare the members the operating	liability company is not organized undat after the change or changes are made ess office of the registered agent will be eany, it is hereby confirmed that the characteristic of the limited liability company or as o agreement of the limited liability company company or as other company or as of the limited liability company or as of the limited liability company or authorized representative of a member)	e, the Florida street address e identical. Or, in the case ange(s) was/were authorize otherwise provided in the ar	of the regist of a Florida d by an affir	ered office limited mative vote	of:
(Signature of a III	ombor of audiorized representative of a member)				
	uthorized Representative of a Member		- ÷ ·		
(Printed or typed I hereby accomply with t and I am fam Chapter 608, address, I her CT Corporation	ept the appointment as registered agent the provisions of all statutes relative to iliar with and accept the obligations of F.S. Or, if this document is being filed reby confirm that the limited liability con a System Kevin A. Sebuna Ass. Se	the proper and complete pl f my position as registered of d to merely reflect a change ompany has been notified it	pacity. I fur erformance agent as pro in the regis n writing of	rther agree to of my duties wided for instered office this change.	to 5,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)